

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Baker of Bowie  
Maitry

Town

County

Howard

MARYLAND

Date

of death 1907

Month

4

Day

28

Age

Years

600

Months

Days

Sex

male

Color or  
Race

colored

Birth  
place

mt gomory md

Occupation

Labor

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Lily May Bowie

Father's  
Name

James Bowie

Father's  
Birthplace

Montgomery md

Mother's  
Maiden Name

Ruthie Woods

Mother's  
Birthplace

Montgomery md

Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

79

Primary

Heart Disease

How long

1 yr

Immediate

Heart Disease

How long

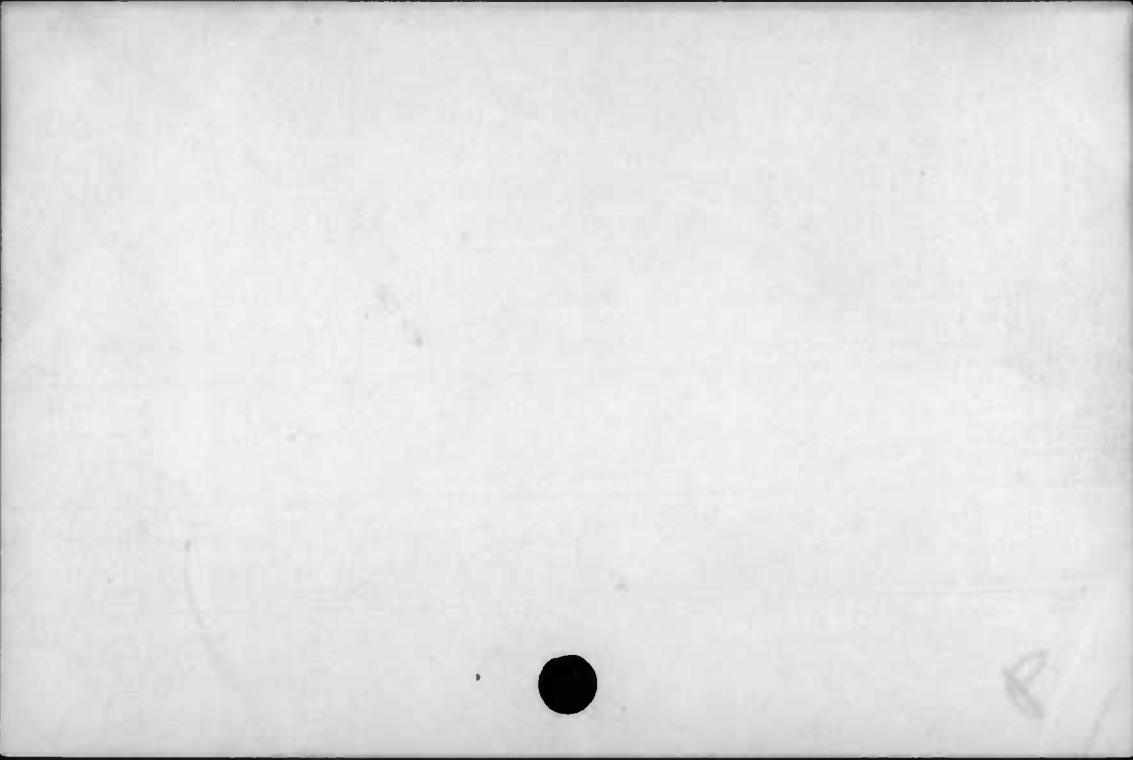
PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

W. E. Gaver

Address

mt ainy md

Accident or Suicide?



Name  
in  
Full

Joseph W. Buller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

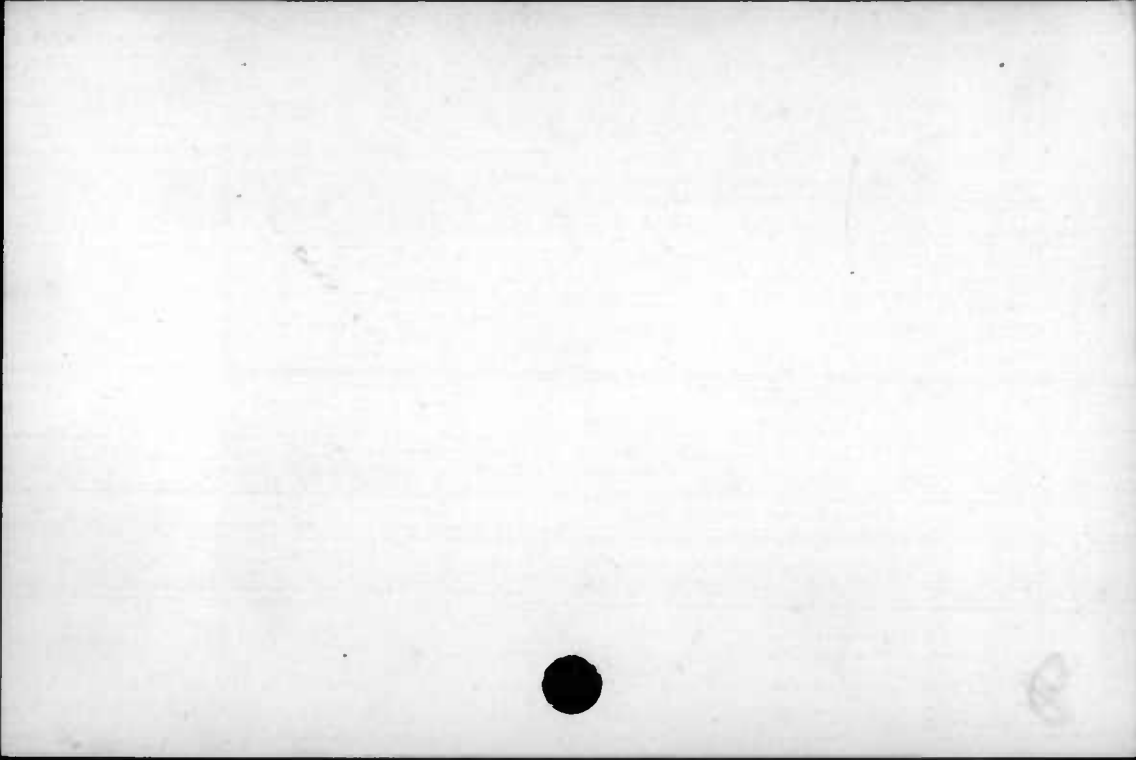
Died at		Town Savage		County Howard		MARYLAND	
Date of death	1907	Month 4	Day 14	Age 64	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Md		
Occupation	retired			Where Residing if not at place of death	Savage -		
Married, Single or Widowed	married	Name of Wife or Husband	Ellen Buller				
Father's Name	Butler			Father's Birthplace	Md		
Mother's Maiden Name	Rachel Leale			Mother's Birthplace	Md		
Name of person giving information	Howard Buller			How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	3 years
Immediate	Exhaustion	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	William M. D
		Address	Savage Md
Accident or Suicide?	no		

(91)



Name  
in  
Full

Reuben Plummer Cross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fulton</u> Town			County <u>Howard</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>8</u>	Age <u>73</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>Fulton</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret J. Cross</u>						
Father's Name <u>Isaiah Cross</u>	Father's Birthplace <u> Md</u>						
Mother's Maiden Name <u>Mary Murphy</u>	Mother's Birthplace <u> Md.</u>						
Name of person giving information <u>Henry Waters</u>			How related to deceased <u>none</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Bronchitis &amp; valvular insufficiency</u>	How long <u>two years or more</u>
Immediate	<u>Heart Failure</u>	How long <u>sudden</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>W. W. J. Cissel</u>
		Address <u>Highland</u>
Accident or Suicide? <input checked="" type="checkbox"/>		



8

Name  
in  
Full

Mariah Nelson Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Blumwood* Town *Howard* County

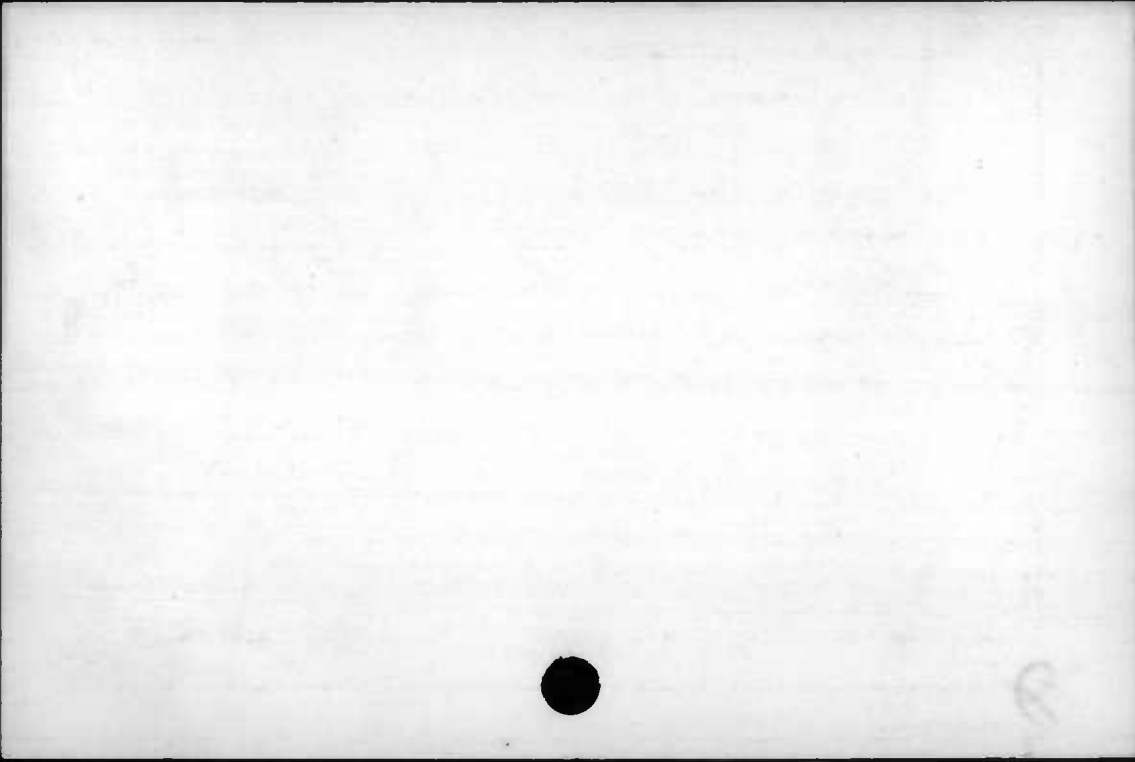
MARYLAND

Date of death *1907* Month *4* Day *28* Age *19* Years Months *3* Days *7*Sex *Female* Color *Black* Birth-place *Howard Co*Occupation *House work* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of ~~Wife~~ Husband *Thomas Davis*Father's Name *Henry Nelson* Father's Birthplace *Howard Co*Mother's Maiden Name *Liza Holland* Mother's Birthplace *Howard Co*Name of person giving information *Liza Nelson* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Chief Birth* How long *3 1/2 hours*Immediate *Bursting of Aneurysm* How long *immediate*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr W W Eckelbarger*Address *Blumwood Md*

Accident or Suicide?





Name  
in  
Full

Rachael Melcena Earp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

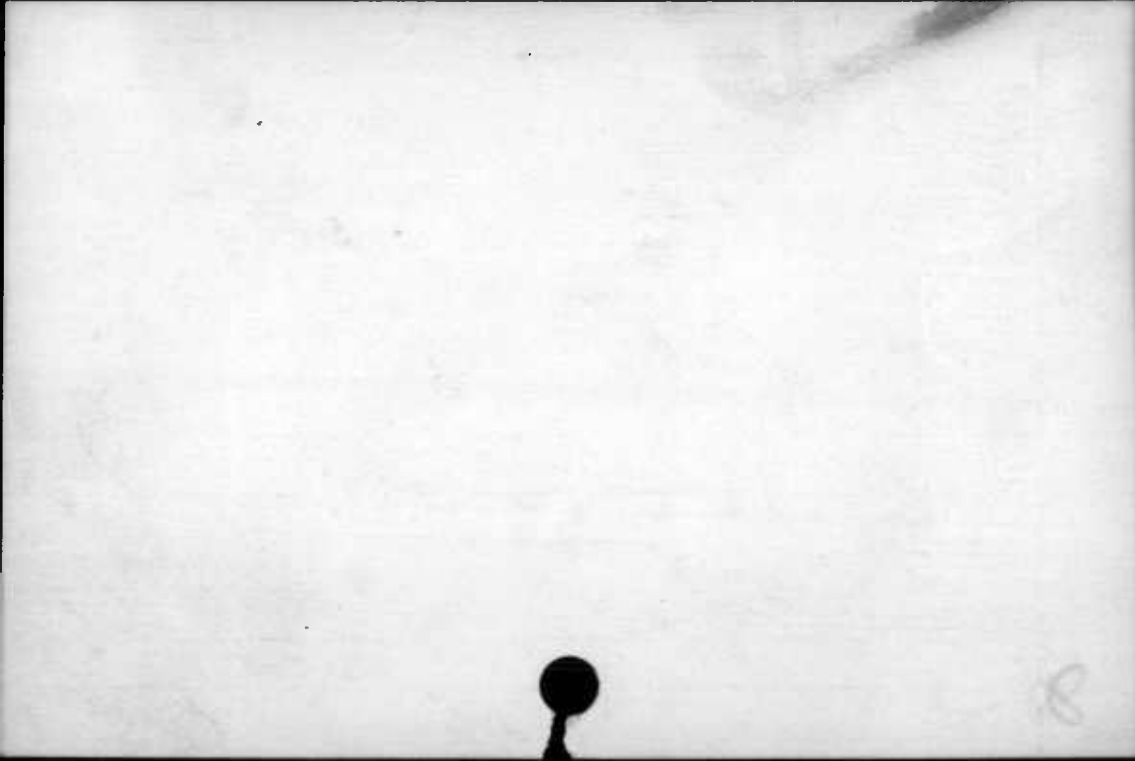
Died at <sup>Town</sup> <i>Near Laurel Md</i>		<sup>County</sup> <i>Howard County</i>		— MARYLAND	
Date of death	<i>1907</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>12<sup>th</sup></i>	<sup>Years</sup> <i>77</i>	<sup>Months</sup> <i>9</i>
Sex	<i>Woman</i>		<sup>Age</sup> <i>77</i>	<sup>Days</sup> <i>1</i>	
Occupation	<i>Retired</i>		Color or Race	<i>white</i>	
Married, Single or Widowed	<i>Widow</i>		Birth-place	<i>Baltimore</i>	
Father's Name	<i>Nicholas Barnett</i>		Where Residing if not at place of death	<i>Howard County</i>	
Mother's Maiden Name	<i>Margaret Johnson</i>		Name of Wife or Husband	<i>Israel Earp</i>	
Name of person giving information	<i>N.B. Earp</i>		Father's Birthplace	<i>Balti County</i>	
			Mother's Birthplace	<i>Balti Co</i>	
			How related to deceased	<i>Son</i>	

CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Passive meningeal Congestion</i>	How long	<i>progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Hutchinson M.D.</i>
		Address	<i>Savage</i>
Accident or Suicide?	<i>murder</i>		<i>ind.</i>



Name  
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CERTIFICATE OF DEATH

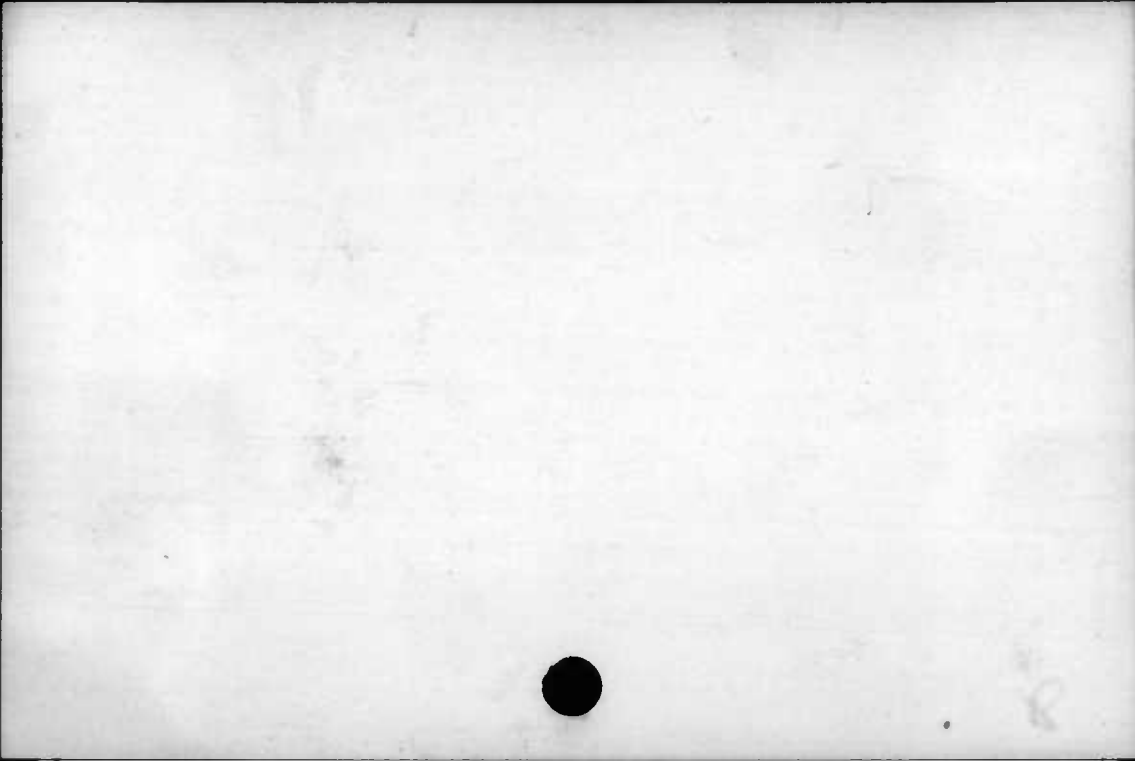
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Savage</i>		Town <i>Sumner</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>10</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Ind</i>				
Occupation <i>Machinist</i>			Where Residing if not at place of death <i>New Savage</i>				
Married, Single or Widowed <i>Wid</i>		Name of Wife or Husband <i>Mary E. Fisher</i>					
Father's Name <i>William Fisher</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mariah Davis</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>E. J. Fisher</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(91)	How long <i>10 days</i>
Immediate <i>Anthrax</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Dwyer</i> Address <i>Sumner, Md</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Florina M. Viola Huson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Man* <sup>Town</sup> *Guilford* <sup>County</sup> *Howard* **MARYLAND**

Date of death *1907* <sup>Month</sup> *4* <sup>Day</sup> *5* Age <sup>Years</sup> *1* <sup>Months</sup> *22* <sup>Days</sup>

Sex *female* Color or Race *negro* Birth-place *md*

Occupation *Infant* Where Residing if not at place of death *at home*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Richard Huson* Father's Birthplace *md*

Mother's Maiden Name *M. Ellen Wright* Mother's Birthplace *md*

Name of person giving information *Richard Huson* How related to deceased *father*

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

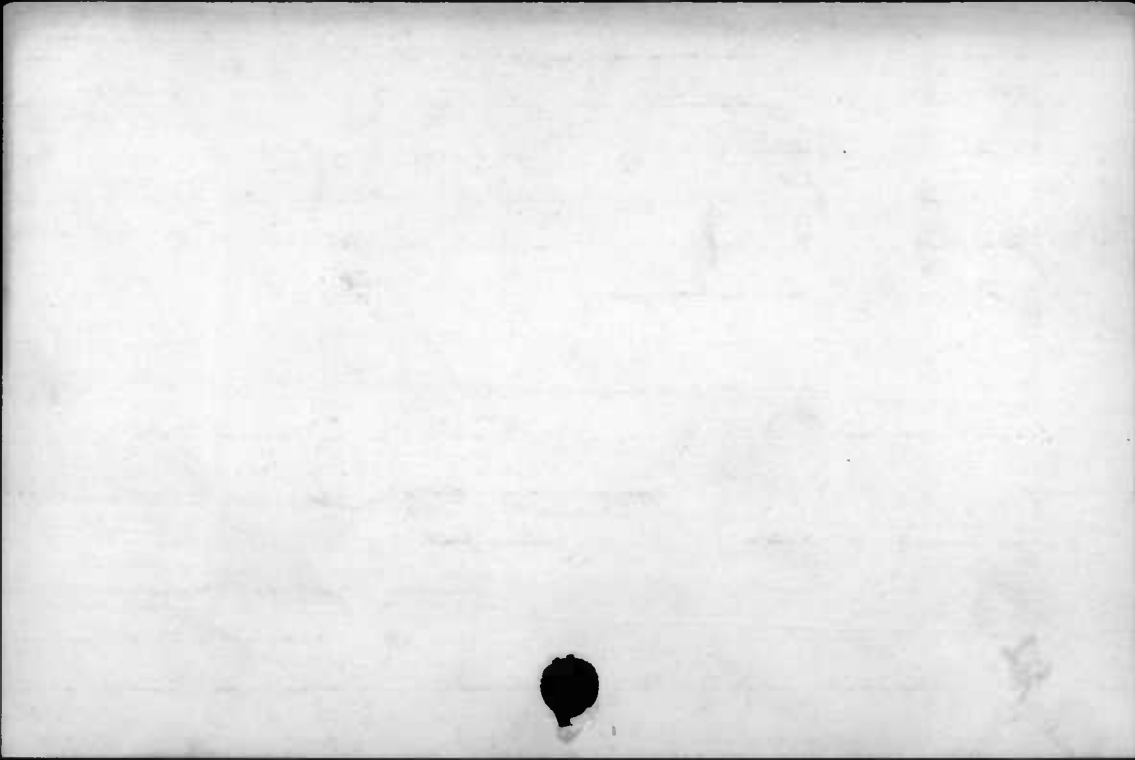
Primary *Anemia* How long *since birth*

Immediate *exhaustion* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Williams M.D.*

☒ Address *Savage*

Accident or Suicide? *no* *md*



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret T Kyne

Died at Elk Ridge

Town

County

Howard

MARYLAND

Date of death 1907 April

Month

Day 24

Year

Age 14

Months

Days

Sex female

Color or  
Race

white

Birth-  
place

Elk Ridge Md

Occupation none

Where Residing if not  
at place of death

Elk Ridge Md

Married, Single  
or Widowed singleName of Wife or  
Husband

Father's Name Edward Kyne

Father's  
Birthplace

Maryland

Mother's Maiden Name Annie Wahns

Mother's  
Birthplace

Maryland

Name of person giving  
information Annie KyneHow related  
to deceased

mother

## CAUSES OF DEATH

Primary Tuberculosis

(27)

How long 1 year

Immediate Tuberculosis

How long 1 "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

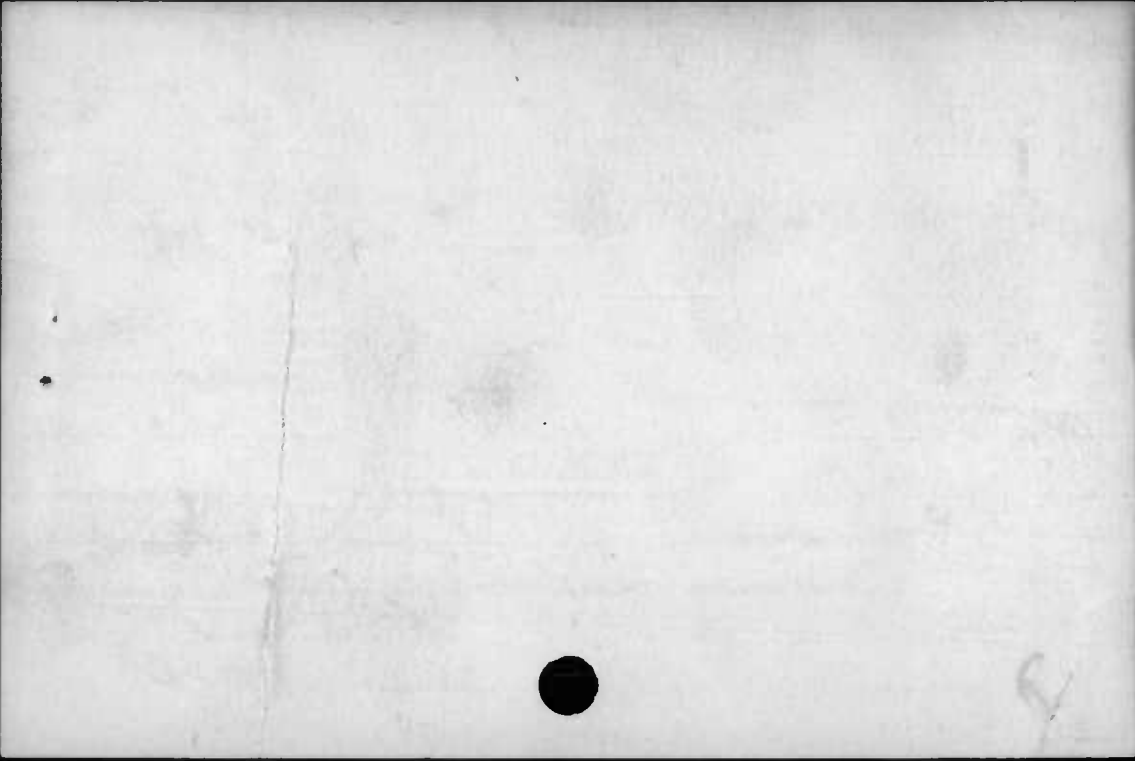
Address

Arthur Williamson  
Elk Ridge Howard Co Md

Accident or Suicide?

no

PHYSICIAN  
OR CORONER





Name  
in  
Full

George W. Leishear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

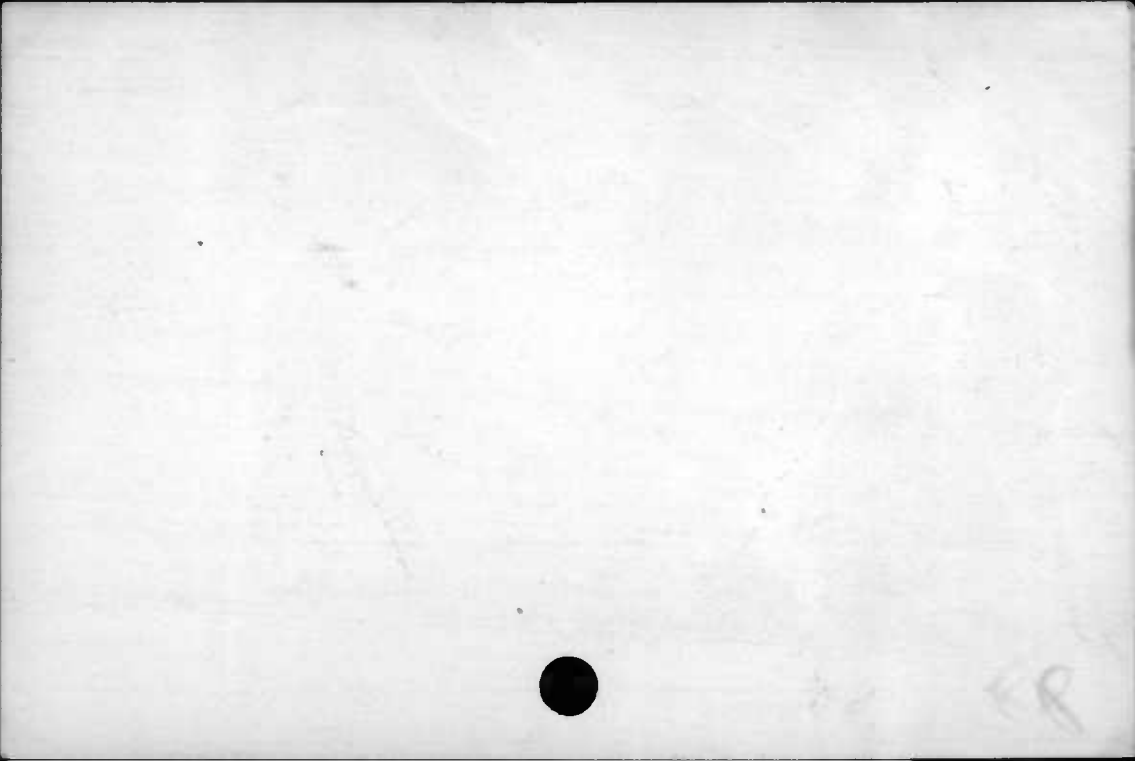
Died at *West Friendship* Town *Howard* County  
 Date of death *1907* Month *Apr.* Day *24* Age *82* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Farmer* Where Residing if not at place of death  
 Married, Single or Widowed *Single* Name of Wife or Husband  
 Father's Name *Eligh Leishear* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Ann Todd* Mother's Birthplace *Maryland*  
 Name of person giving information *J. H. Leishear* How related to deceased *Brother*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *5 days*  
 Immediate *Toxemia (Heart Failure)* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Lucas, M.D.*  
 Address *Dyersville, Wis.*  
 Accident or Suicide?



Name  
in  
Full

1 William B. Peter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death	1907	Month 4	Day 15	Age	60	Months	Days
Sex	Male		Color or Race	White		Birth- place	Howard Co
Occupation	Insurance Agt			Where Residing if not at place of death			
Married, Single or Widowed	Divorced		Name of Wife or Husband				
Father's Name	George Washington Peter					Father's Birthplace	Washington
Mother's Maiden Name	Jane Boyce					Mother's Birthplace	Annapolis Co
Name of person giving Information	Dr Tho Boring					How related to deceased	in

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	5 yrs
Immediate	Euremia Compulsions	How long	6 Days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Tho B Boring
		Address	Ellicott City Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

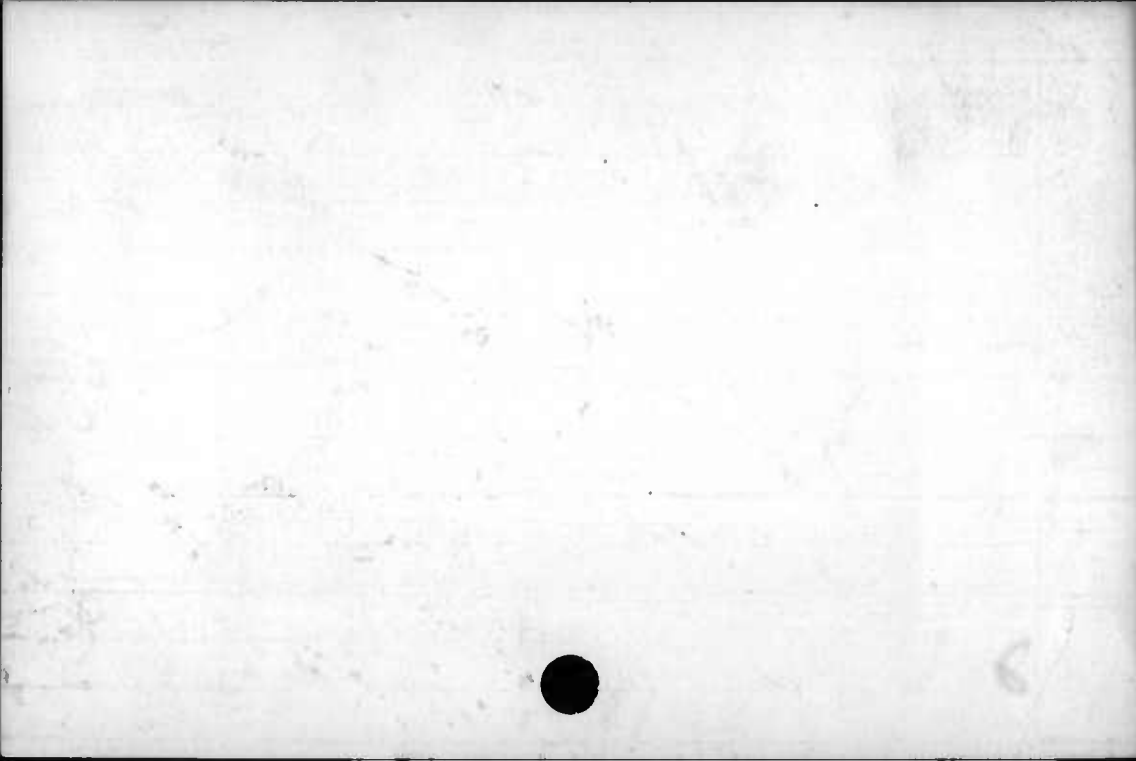
Died at <i>Elkridge</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1901</i>	Month <i>April</i>	Day <i>18</i>	Age	Years	Months <i>1</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elkridge</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>David Pierce</i>		Father's Birthplace <i>Statington</i>			
Mother's Maiden Name <i>Agnes Pierce</i>		Mother's Birthplace <i>Willies Bass</i>			
Name of person giving information		How related to deceased		<i>Pern</i>	

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Conquital defect in formation</i>	How long	
Immediate	<i>Same</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Arthur Williams</i>	
		Address	
		<i>Elk Ridge Md</i>	
Accident or Suicide?			
<i>no</i>			



Name

in  
Full

## CERTIFICATE OF DEATH

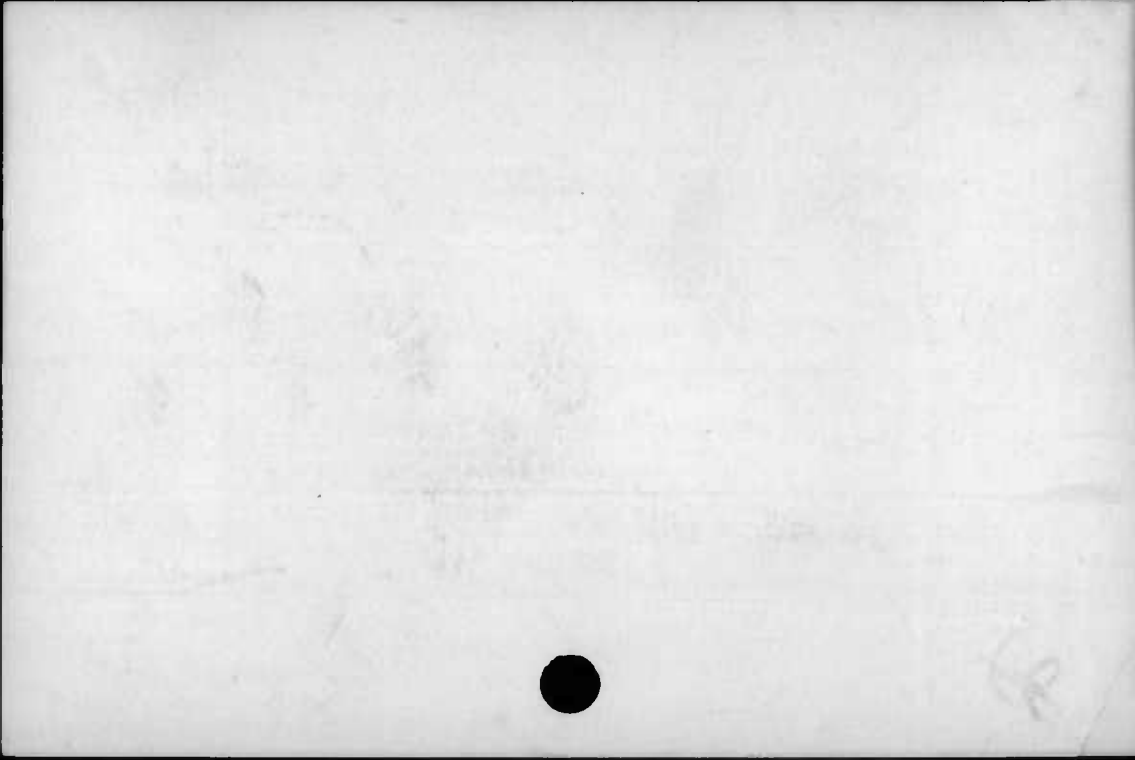
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Florence</i>		Town <i>Howan</i>		County		MARYLAND	
Date of death	1907	Month	April	Day	22	Age	7
Sex	Female	Color or Race	white	Birthplace	How Co. Md	Months	4
Occupation	Child	Where Residing if not at place of death		at home			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Uriah Pugh				Father's Birthplace	How Co. Md	
Mother's Maiden Name	Lucy Warfield				Mother's Birthplace	How Co. Md	
Name of person giving information	Uriah Pugh				How related to deceased	father.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>2 weeks</i>
Immediate	<i>Mumps</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R.O.W. Warfield</i>
		Address	<i>Lisbon, Md</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Scriver*

Died at *Clarkson* Town *Howard* County **MARYLAND**

Date of death **1907** *Apr* Month *5* Day *5* Age *Infant* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Elmer Thomas Scriver* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Bedecker* Mother's Birthplace \_\_\_\_\_

Name of person giving information *Elmer Thomas Scriver* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Premature, Inanition* **(151)** How long *6 hours*

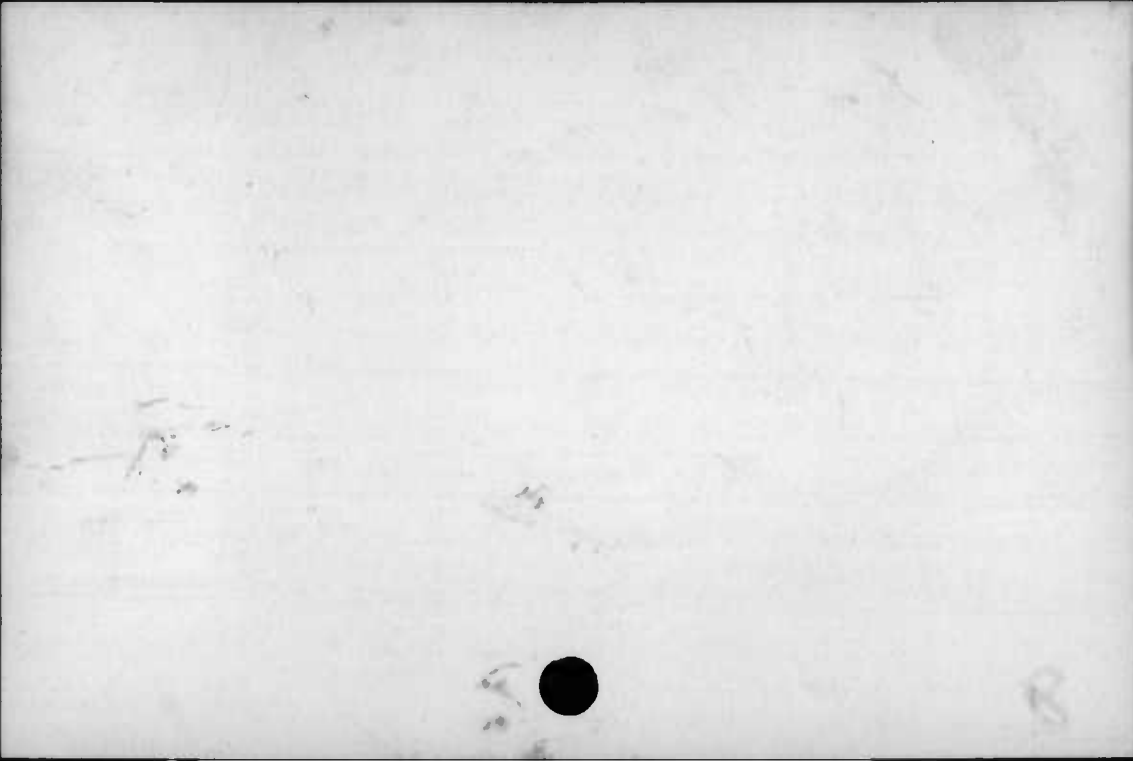
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician *Geo W. Webb Jr*

Address *West Friendship Md.*  
*Howard County Md.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Mrs. Mary Ellen Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

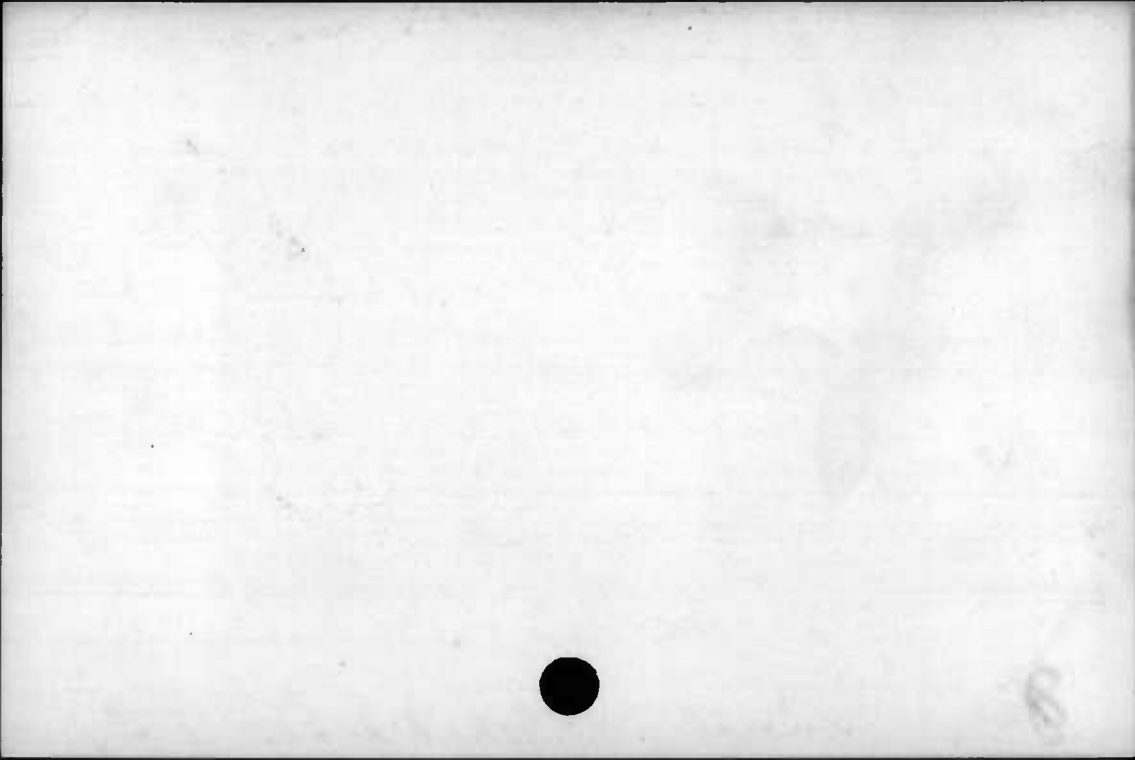
Died at <i>Mar Millon</i>		Town <i>Howard</i>		County <i>Howard</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>1</i>	Age <i>69</i>	Years	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>Retired</i>	Where Residing if not at place of death <i>at her home</i>						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>James L Snyder</i>						
Father's Name <i>William Wallich</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Ellen Miller</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Mrs. Sarah Snyder</i>	How related to deceased <i>Daughter in law</i>						

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William M. Savage</i>
Address <i>Ind</i>	
Accident or Suicide? <i>Neither</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

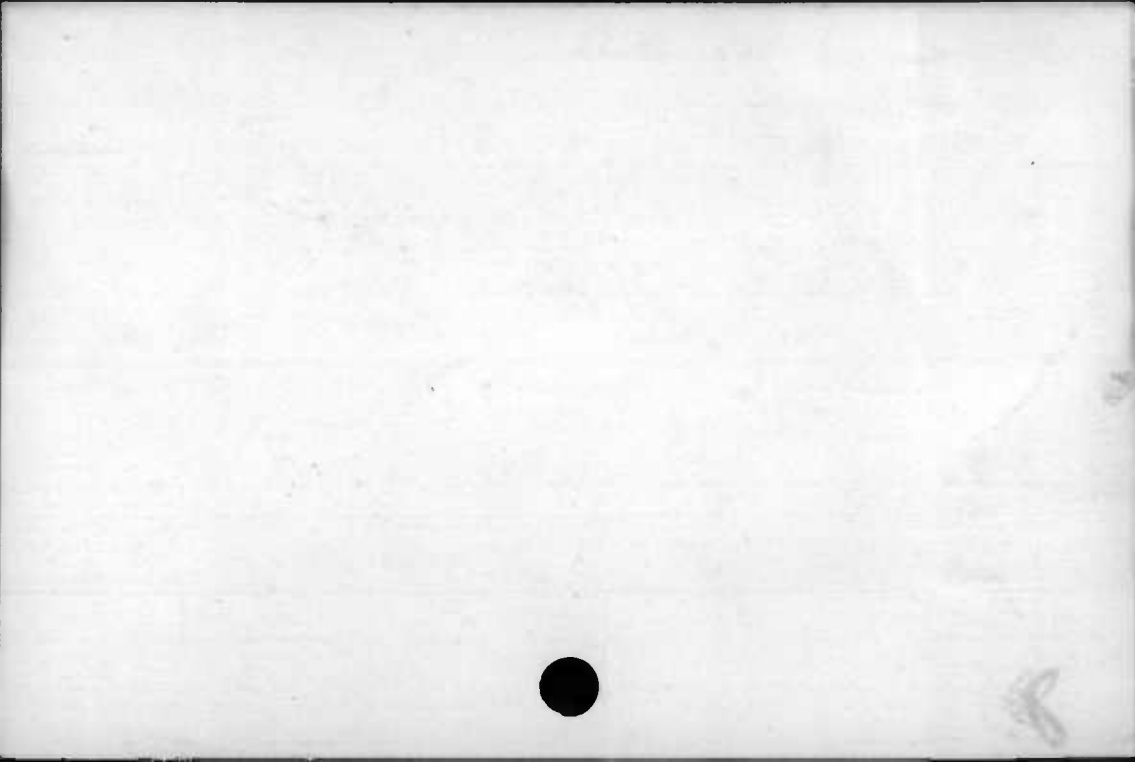
Died at <i>MT Veir</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Apr.</i> <sup>Month</sup>		<i>23</i> <sup>Day</sup>	Age <i>58</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amanda Dorsey</i>			
Father's Name <i>Thomas Stansfield</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Jane Vernay</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Louisa Shipley</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Hobbs J. P.</i>
Address <i>—</i>	
Accident or Suicide? <i>Suicide</i>	



Name  
in  
Full

Bernard F Wall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oakland</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small> <u>April</u>	<u>6</u> <small>Day</small>	<u>1</u> <small>Years</small> <u>Age</u>	<u>6</u> <small>Months</small>	<u>6</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>Oakland</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>John C. Wall</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Martha A. Frassell</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>John C. Wall</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 months</u>
Immediate	<u>Aspiration</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. M. Blodgett M.D.</u>
		Address	<u>Elm City</u>
			<u>Ed</u>
<u>Accident or Suicide?</u>			

St Marks Cemetery Highland



Name in Full		Other Webb.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Ellicott City		County Howard		MARYLAND	
	Date of death	1907	Month Apr.	Day 26	Age —	Years —	Months 9
	Sex	Male		Color or Race (Col)		Birth-place Maryland	
	Occupation	—		Where Residing if not at place of death —			
	Married Single or Widowed	Single		Name of wife or Husband none			
	Father's Name	Eugene Webb				Father's Birthplace Maryland	
	Mother's Maiden Name	Martha Bacon				Mother's Birthplace Maryland	
Name of person giving information	Eugene Webb				How related to deceased Father		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Dysentery from the (probably)					How long (71)
	Immediate	convulsions					How long few minutes
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. C. Morris M.D.		
					Address Ellicott City		
Accident or Suicide? —							

I did not see child at  
this time but have in  
similar

W. C. Stone.

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>West Friendship</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr.</i>	Day <i>5<sup>th</sup></i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Jefferson Co. Va.</i>				
Occupation <i>House work</i>	Where Residing if not at place of death <i>at son's house</i>						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Lewis White</i>						
Father's Name <i>Dont Know</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Dont Know</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Benjamin F. White</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long
Immediate <i>exhaustion</i>	How long <i>4 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hett Jr.</i>
<i>J</i>	Address <i>West Friendship</i>
Accident or Suicide? <i>no</i>	<i>Howard Co. Md.</i>

